SITE HEALTH AND SAFETY PLAN (*HASP*)

Office:	Chicago
Site Name:	Lane St. Groundwater
Client:	U.S. EPA
Work Location:	Elkhart, IN
WO#:	20405.012.002.0279.00

SITE HEALTH AND SAFETY PLAN (HASP)

Prepared by: Joseph Klemp	**W.O. Number:** 20405.012.002.0279.00	**Date:** 8-31-07

Project Identification
Office: Chicago
Site Name: Lane St. Groundwater
Client: U.S. EPA
Work Location Address: Elkhart, IN

Site History: The Site consists of a groundwater plume of TCE contamination and a potentially affected residential area located in Elkhart, Ozaukee County, Indiana. The source of the plume is the existing GeoCell VRP cleanup site in Elkhart, IN.

Scope of Work: Perform residential well sampling at 10 homes in Elkhart, IN.

☐

Regulatory Status:

Site regulatory status:

CERCLA/SARA	RCRA	Other Federal Agency
☒ U.S. EPA	☐ U.S. EPA	☐ DOE
☐ State	☐ State	☐ USACE
☐ NPL Site	NRC	☐ Air Force
☒ OSHA	☐ 10 CFR 20	☐ _____

Hazard Communication (Req'd See Attachment D)
☐ 1910 ☐ 1926 ☐ State

Safety Officer Manual (Required to be On-Site)
Based on the Hazard Assessment and Regulatory Status, determine the Standard HASP(s) applicable to this project. Indicate below which Standard HASP will be used and append the appropriate pages of this form along with the Standard Plan.

☐ Stack Test	☐ _____
☐ Air Emissions	☐ _____
☐ Asbestos	☐ _____
☐ Industrial Hygiene	☐ _____
☐ _____	☐ _____

Review and Approval Documentation:

Reviewed by:
SO/DSM/CHS

Tonya Balla _____ Date: 9/4/07
Name (Print) Signature

Other _____ Date: _____
Name (Print) Signature

Approved by:
Project Manager Rick Mehl _____ Date: _____
Name (Print) Signature

Hazard Assessment and Equipment Selection:

In accordance with WESTON's Personal Protective Equipment Program and 29 CFR 1910.132, at the site prior to personnel beginning work, the SHSC and/or the Site Manager have evaluated conditions and verified that the personal protective equipment selection outlined within this HASP is appropriate for the hazards known or expected to exist. (Refer to Safety Officer Manual Section 2, Personal Protection Program, for guidance.)

☒ **FSO**

☒ Site Manager Jay Rauh _____ Date: _____
Name Signature

☐ **Environmental Compliance Officer**
☐ **Dangerous Goods Shipping Coordinator**

Name Signature

Project start date: 09/05/07 End date: 9/08/07	This site HASP **must** be **reissued/reapproved** for any activities conducted after: Date: 9/05/08	Amendment date(s) 1. 2. 3. 4. 5.	By:

Vehicle Use Assessment and Selection
Driving is one of the most hazardous and frequent activities for WESTON Employees. The most appropriate type vehicle(s) authorized for use on this project is/are: 1. SUV/Van 2. 3. 4.
The following Project Team Member's qualifications and experience in driving these types of vehicles was evaluated and found to be acceptable (indicate vehicle type(s) number next to employee name). 1. Jay Rauh 2. Joe Klemp 3. 4. 5. 6. 7. 8. 9. 10.
The project site was evaluated and a **Traffic Control Plan** ☐ is required ☒ is not required. If required, the **Traffic Control Plan** can be found in Attachment H.

Section Page

1. PERSONNEL ON SITE INFORMATION

1.1 WESTON REPRESENTATIVES

Organization/Branch	Name/Title	Address	Telephone
Weston Solutions, Inc.	Rick Mehl/Project Manager	20 North Wacker Drive, Suite 1210 Chicago, IL 60606	Office: 312-424-3312 Cell: 847-254-6981
Weston Solutions, Inc.	Jay Rauh/START Team Member	20 North Wacker Drive, Suite 1210 Chicago, IL 60606	Office: 312-424-3315 Cell: 224-595-1617
Weston Solutions, Inc.	Joe Klemp/START Team Member	750 East Bunker Court, Suite 500, Vernon Hills, IL 60061	Office: 847-918-4122 Cell: 847-875-1418

Roles and Responsibilities:

All START Team members listed above will perform the residential well sampling. All samples are to be analyzed for VOCs by laboratories from the Contract Laboratory Program (CLP). The site leader will provide sample management and will package/label samples as required by CLP.

1.2 WESTON SUBCONTRACTORS

Organization/Branch	Name/Title	Address	Telephone

Roles and Responsibilities:

Jay Rauh will be the field site leader for this project and will also provide sample management and packaging/labeling of samples according to CLP protocol.

SITE-SPECIFIC HEALTH AND SAFETY PERSONNEL

The Site Field Safety Officer (FSO) for activities to be conducted at this site is: Joe Klemp

The FSO has total responsibility for ensuring that the provisions of this Site HASP are adequate and implemented in the field.

Changing field conditions may require decisions to be made concerning adequate protection programs. Therefore, the personnel assigned as FSOs are experienced and meet the additional training requirements specified by OSHA in 29 CFR 1910.120.

Qualifications:

Designated alternates include: Jay Rauh

1.3 SITE PERSONNEL AND CERTIFICATION STATUS

1.3.1 Weston Employee Certification

Name: Joe Klemp **Title: Start Team Member** **Task(s): Residential Well Sampling** **Certification Level or Description:** ☒ Medical Current ☒ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name: Jay Rauh** **Title: Start Team Member** **Task(s): Residential Well Sampling** **Certification Level or Description:** ☒ Medical Current ☒ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)
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Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual.) ☐ Fit Test Current (Quant.)

TRAINING CURRENT - Training: All personnel, including visitors, entering the exclusion or contamination reduction zones must have certifications of completion of training in accordance with OSHA 29 CFR 1910, 29 CFR 1926, or 29 CFR 1910.120.

FIT TEST CURRENT - Respirator Fit Testing: All persons, including visitors, entering any area requiring the use or potential use of any negative pressure respirator must have had, as a minimum, a qualitative fit test, administered in accordance with OSHA 29 CFR 1910.134 or ANSI, within the last 12 months. If site conditions require the use of a full-face, negative-pressure, air-purifying respirator for protection from asbestos or lead, employees must have had a qualitative fit test, administered according to OSHA 29 CFR 1910.1001 or 1025/1926, within the last 6 months.

MEDICAL CURRENT - Medical Monitoring Requirements: All personnel, including visitors, entering the exclusion or contamination reduction zones must be certified as medically fit to work and to wear a respirator, if appropriate, in accordance with 29 CFR 1910, 29 CFR 1926/1910, or 29 CFR 1910.120.

The Site Field Safety Officer is responsible for verifying all certifications and fit tests.

SITE PERSONNEL AND CERTIFICATION STATUS

1.3.2 Subcontractor's Health and Safety Program Evaluation

Name of Subcontractor:
Address:

Activities To Be Conducted by Subcontractor:

Evaluation Criteria

Medical program meets OSHA/WESTON criteria ☐ Acceptable ☐ Unacceptable Comments:	Personal protective equipment available ☐ Acceptable ☐ Unacceptable Comments:	On-site monitoring equipment available, calibrated, and operated properly ☐ Acceptable ☐ Unacceptable Comments:
Safe working procedures clearly specified ☐ Acceptable ☐ Unacceptable Comments:	Training meets OSHA/WESTON criteria ☐ Acceptable ☐ Unacceptable Comments:	Emergency procedures ☐ Acceptable ☐ Unacceptable Comments:
Decontamination procedures ☐ Acceptable ☐ Unacceptable Comments:	General health and safety program evaluation ☐ Acceptable ☐ Unacceptable Comments:	Additional comments: ☐ Subcontractor has agreed to and will conform with the WESTON HASP for this project. ☐ Subcontractor will work under his own HASP, which has been accepted by project PM.

Evaluation Conducted by: Certifications for all subcontractors personnel will be added to the HASP prior to beginning work. **Date:**

Subcontractor

Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual) ☐ Fit Test Current (Quant)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual) ☐ Fit Test Current (Quant)
Name: **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual) ☐ Fit Test Current (Quant)	**Name:** **Title:** **Task(s):** **Certification Level or Description:** ☐ Medical Current ☐ Training Current ☐ Fit Test Current (Qual) ☐ Fit Test Current (Quant)

2. HEALTH AND SAFETY EVALUATION

2.1 HEALTH AND SAFETY EVALUATION

2.1.1 Task Hazard Assessment

Background Review: ☒ Complete ☐ Partial If partial why?

Activities Covered Under This Plan:

No.	Task/Subtask	Description	Schedule
1		Residential well sampling	

Types of Hazards:

Numbers refer to one of the following hazard evaluation forms Complete hazard evaluation forms for each appropriate hazard class.

Physiochemical 1

- ☐ Flammable
- ☐ Explosive
- ☐ Corrosive
- ☐ Reactive
- ☐ O_2 Rich
- ☐ O_2 Deficient

Chemically Toxic 1

- ☒ Inhalation ☒ Carcinogen
- ☒ Ingestion ☐ Mutagen
- ☒ Contact ☐ Teratogen
- ☐ Absorption
- ☐ OSHA 1910.1000 Substance (Air Contaminants)
- ☐ OSHA Specific Hazard Substance Standard (Refer to following page for listing)

Radiation 3

Ionizing:

- ☐ Internal exposure
- ☐ External exposure

Non-ionizing:

- ☐ UV ☐ IR
- ☐ RF ☐ MicroW
- ☐ Laser

Biological 2

- ☐ Etiological Agent
- ☐ Other (plant, insect, animal)

Physical Hazards 4

- ☐ Construction Activities

Source/Location of Contaminants and Hazardous Substances:

Directly Related to Tasks

- ☐ Air
- ☐ Other Surface
- ☒ Groundwater
- ☐ Soil
- ☐ Surface Water
- ☐ Sanitary Wastewater
- ☐ Process Wastewater
- ☐ Other _____

Indirectly Related to Tasks — Nearby Process(es) That Could Affect Team Members:

- ☐ Client Facility/WESTON Work Location
- ☐ Nearby Non-Client Facility

Describe:

☒ Have activities (task[s]) been coordinated with facility? Yes. U.S. EPA On-Scene Coordinator has established tasks through the sate and residences.

HEALTH AND SAFETY EVALUATION

2.1.2 Chemical Hazards of Concern

☐ N/A

Chemical Contaminants of Concern

Provide the data requested for chemical contaminants on HASP Form 25 or attach data sheets from an acceptable source such as NIOSH pocket guide, condensed chemical dictionary, ACGIH TLV booklet, etc. List chemicals and concentrations below and locate data sheets in Attachment B of this HASP.

Chemical Name	Concentration (ppb)
Carbon Tetrachloride	5
TCE	1316
1,1 DCA	69
1,1,1 TCA	73
1,1 DCE	7
Cis, Trans DCE	1

☐ N/A

Identify hazardous materials used or on-site and attach Material Safety Data Sheets (MSDSs) for all reagent type chemicals, solutions, or other identified materials that in normal use in performing tasks related to this project could produce hazardous substances. Ensure that all subcontractors and other parties working nearby are informed of the presence of these chemicals and the location of the MSDSs. Obtain from subcontractors and other parties, lists of the hazardous materials they use or have on-site and identify location of the MSDSs here. List chemicals and quantities below and locate MSDSs in Attachment B of this HASP.

Chemical Name	Quantity
Hydrochloric Acid (preservative)	200 milliliters

OSHA-SPECIFIC HAZARDOUS SUBSTANCES

The following substances may require specific medical, training, or monitoring based on concentration or evaluation of risk. See the appropriate citation listed under 29 CFR 1910 or 1926 for additional information.

☐ 1910.1001 Asbestos	☐ 1910.1002 Coal tar pitch volatiles	☐ 1910.1003 4-Nitrobiphenyl, etc.	☐ 1910.1004 alpha-Naphthylamine
☐ 1910.1005 [Reserved]	☐ 1910.1006 Methyl chloromethyl ether	☐ 1910.1007 3,3'-Dichlorobenzidine (and its salts)	☐ 1910.1008 bis-Chloromethyl ether
☐ 1910.1009 beta-Naphthylamine	☐ 1910.1010 Benzidine	☐ 1910.1011 4-Aminodiphenyl	☐ 1910.1012 Ethyleneimine
☐ 1910.1013 beta-Propiolactone	☐ 1910.1014 2-Acetylaminofluorene	☐ 1910.1015 4-Dimethylaminoazobenzene	☐ 1910.1016 N-Nitrosodimethylamine
☐ 1910.1017 Vinyl chloride	☐ 1910.1018 Inorganic arsenic	☐ 1910.1025 Lead (Att. FLD# 46)	☐ 1910.1027 Cadmium
☐ 1910.1028 Benzene	☐ 1910.1029 Coke oven emissions	☐ 1910.1043 Cotton dust	☐ 1910.1044 1,2-Dibromo-3-chloropropane
☐ 1910.1045 Acrylonitrile	☐ 1910.1047 Ethylene oxide	☐ 1910.1048 Formaldehyde	☐ 1910.1050 Methylenedianiline
☐ 1910.1051 1,3 Butadiene	☐ 1910.1052 Methylene chloride		

HEALTH AND SAFETY EVALUATION

2.1.3 Biological Hazards of Concern

☒ **Poisonous Plants** (FLD 43) Location/Task No(s).: Source: ☐ Known ☒ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☒ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☐ No Immunization required: ☐ Yes ☐ No	☒ **Insects** (FLD 43) Location/Task No(s).: Source: ☐ Known ☒ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☒ Direct Penetration Team Member(s) Allergic: ☐ Yes ☒ No Immunization required: ☐ Yes ☒ No
☐ **Snakes, Reptiles** (FLD 43) Location/Task No(s).: Source: ☐ Known ☐ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☐ No Immunization required: ☐ Yes ☐ No	☒ **Animals** (FLD 43) Location/Task No(s).: Source: ☐ Known ☒ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☒ No Immunization required: ☐ Yes ☒ No
FLD 43 — WESTON Biohazard Field Operating Procedures: Att. OP ☐	
☐ **Sewage** Location/Task No(s).: Source: ☐ Known ☐ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☐ No Immunization required: ☐ Yes ☐ No Tetanus Vaccination within Past 10 yrs: ☐ Yes ☐ No	☐ **Etiologic Agents (List)** Location/Task No(s).: Source: ☐ Known ☐ Suspect Route of Exposure: ☐ Inhalation ☐ Ingestion ☐ Contact ☐ Direct Penetration Team Member(s) Allergic: ☐ Yes ☐ No Immunization required: ☐ Yes ☐ No
FLD 44 — WESTON Bloodborne Pathogens Exposure Control Plan – First Aid Procedures: Att. OP ☒	
FLD 45 — WESTON Bloodborne Pathogens Exposure Control Plan – Working with Infectious Waste: Att. OP ☐	

HEALTH AND SAFETY EVALUATION

2.1.4 Radiation Hazards of Concern

NONIONIZING RADIATION

Task No.	Type of Nonionizing Radiation	Source On-Site	TLV/PEL	Wavelength Range	Control Measures	Monitoring Instrument
1	Ultraviolet	Solar			Appropriate clothing/ sunscreen	None
	Infrared	N/A				
	Radio Frequency	N/A				
	Microwave	N/A				
	Laser	N/A				

IONIZING RADIATION

Task No.	Radionuclide	Major Radiations	Radioactive Half-Life (Years)	DAC (µCii/mL)			Surface Contamination Limit	Monitoring Instrument
				D	W	Y		

HEALTH AND SAFETY EVALUATION

2.1.5 Physical Hazards of Concern

Phy. Haz. Cond.	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	☐	FLD01 - Noise Protection
Inclement weather	Rain/humidity/cold/ice/snow/lightning	☒	FLD02 - Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	☐	FLD03 - Hot Process - Steam
Heat stress	Burns/hot surfaces/low pressure steam	☐	FLD04 - Hot Process - LT3
Ambient heat stress	Heat rash/cramps/exhaustion/heat stroke	☒	FLD05 - Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	☒	FLD06 - Cold Stress
Cold/wet	Trench/paddy/immersion foot/edema	☐	FLD07 - Wet Feet
Confined spaces	Falls/burns/drowning/engulfment/electrocution	☐	FLD08 - Confined Space Entry
Explosive vapors	Thermal burns/impaction/dismemberment	☐	FLD09 - Hot Work
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	☐	FLD10 - Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicle accidents/slips/trips/falls	☐	FLD11 - Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	☒	FLD12 - Housekeeping
Structural integrity	Crushing/overhead hazards/compromised floors	☐	FLD13 - Structural Integrity
Hostile persons	Bodily injury	☒	FLD14 - Site Security
Remote area	Slips/trips/falls/back strain/communication	☐	FLD15 - Remote Area
Improper cyl. handling	Mechanical injury/fire/explosion/suffocation	☐	FLD16 - Pressure Systems - Compressed Gases
Water hazards	Poor visibility/entanglement/drowning/cold stress	☐	FLD17 - Diving
Water hazards	Drowning/heat/cold stress/hypothermia/falls	☐	FLD18 - Operation and Use of Boats
Water hazards	Drowning/frostbite/hypothermia/falls/electrocution	☐	FLD19 - Working Over Water
Vehicle hazards	Struck by vehicle/collision	☒	FLD20 - Traffic
Explosions	Explosion/fire/thermal burns	☐	FLD21 - Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	☐	FLD22 - Heavy Equipment Operation
Moving mech. parts	Overhead hazards/electrocution	☐	FLD23 - Cranes/Lifting Equipment Operation
Working at elevation	Overhead hazards/falls/electrocution	☐	FLD24 - Aerial Lifts/Man lifts
Working at elevation	Overhead hazards/falls/electrocution	☐	FLD25 - Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	☐	FLD26 - Ladders
Working at elevation	Slips/trips/falls/overhead hazards	☐	FLD27 - Scaffolding
Trench cave-in	Crushing/falling/overhead hazards/suffocation	☐	FLD28 - Excavating/Trenching
Improper material handling	Back injury/crushing from load shifts	☐	FLD29 - Materials Handling
Physiochemical	Explosions/fires from oxidizing, flam./corr. material	☐	FLD30 - Hazardous Materials Use/Storage
Physiochemical	Fire and explosion	☐	FLD31 - Fire Prevention/Response Plan Required
Physiochemical	Fire	☐	FLD32 - Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	☐	FLD33 - Demolition
Electrical	Electrocution/shock/thermal burns	☐	FLD34 - Utilities
Electrical	Electrocution/shock/thermal burns	☐	FLD35 - Electrical Safety
Burns/fires	Heat stress/fires/burns	☐	FLD36 - Welding/Cutting/Burning
Impact/thermal	Thermal burns/high pressure impaction/heat stress	☐	FLD37 - High Pressure Washers
Impaction/electrical	Smashing body parts/pinching/cuts/electrocution	☐	FLD38 - Hand and Power Tools
Poor visibility	Slips/trips/falls	☐	FLD39 - Illumination
Fire/explosion	Burns/impaction	☐	FLD40 - Storage Tank Removal/Decommissioning
Communications	Disruption of communications	☒	FLD41 - Std. Hand/Emergency Signals
Energy/release	Unexpected release of energy	☐	FLD42 - Lockout/Tag-out
Drilling hazards	Electrocution/overhead hazards/pinch points	☐	2.5 - Drilling Safety Guide

3. TASK BY TASK ASSESMENT

3.1 TASK-BY-TASK RISK ASSESSMENT

3.1.1 Task 1 Description

TASK 1: Perform residential well sampling. This task will include the calibration of one water quality meter, purging a tap within the home or an outside spigot for 15 minutes, collecting water quality readings, and filling bottles. Samples for VOC analysis will be preserved with hydrochloric acid. EPA is handling access for each of the sampling locations.

EQUIPMENT REQUIRED/USED

2 water quality meters	Sample bottles	Steel toe boots	Logbook
	Hydrochloric acid	Safety glasses	First Aid Kit
		Nitrile gloves	

POTENTIAL HAZARDS/RISKS

Chemical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Possible exposure to low concentrations of TCE and possibly vinyl chloride in drinking water. Note that homes found to have vinyl chloride in their wells have already been remediated. The purpose of this sampling event is to ensure that the plume has not expanded. Gloves will be worn during sampling and preservation to minimize any contact hazards.

Physical

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

The potential for trips/slips/and falls exist. Caution will be used when driving to the site and to and from residences.

Biological

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level?

Insects and pets may be present during sampling. Contact shall be avoided. Sampling personnel will be accompanied by homeowners while in the home.

RADIOLOGICAL

☒ Hazard Present Risk Level: ☐ H ☐ M ☒ L

What justifies risk level? - Sunlight is the only anticipated risk. Sunscreen and/or appropriate PPE (clothing) will be worn as required.

LEVELS OF PROTECTION/JUSTIFICATION

Level D PPE will be appropriate for the entire sampling event.

SAFETY PROCEDURES REQUIRED AND/OR FIELD OPS UTILIZED

All work will be performed in accordance with the provisions of this HASP, OSHA guidelines, and WESTON Standard Operating Procedures. Personnel should use buddy system or have cell/radio contact with other field team members to ensure safe working conditions.

See Form 7 – FLDs.

3.2 PERSONNEL PROTECTION PLAN

Engineering Controls
Describe Engineering Controls used as part of Personnel Protection Plan

Task(s)	
1	START Personnel will adorn appropriate PPE for each task as well as use appropriate equipment and tools for each task in a safe and responsible manner.

Administrative Controls
Describe Administrative Controls used as part of Personnel Protection Plan

Task(s)	
	Personnel has appropriate qualifications and training including 40-hr HAZWOPER

Personal Protective Equipment
Action Levels for Changing Levels of Protection Refer to HASP Form 13, Site Air Monitoring Program—Action Levels. Define Action Levels for up or down grade for each task

Task(s)	
1	Level D

Description of Levels of Protection

Level D		Level D Modified
Task(s): 1		**Task(s):**
☐ Head		☐ Head
☒ Eye and Face	Safety glasses	☐ Eye and Face
☐ Hearing		☐ Hearing
☐ Arms and Legs Only		☐ Arms and Legs Only
☐ Appropriate Work Uniform		☐ Whole Body
☒ Hand – Gloves	Nitrile gloves	☐ Apron
☒ Foot - Safety Boots	Steel toe boots	☐ Hand - Gloves
☐ Fall Protection		☐ Gloves
☐ Flotation		☐ Gloves
☐ Other		☐ Foot - Safety Boots
		☐ Over Boots

3.3 DESCRIPTION OF LEVELS OF PROTECTION

Level C	Level B
Task(s): NA	**Task(s): NA**
☐ Head	☐ Head
☐ Eye and Face	☐ Eye and Face
☐ Hearing	☐ Hearing
☐ Arms and Legs Only	☐ Arms and Legs Only
☐ Whole Body	☐ Whole Body
☐ Apron	☐ Apron
☐ Hand – Gloves	☐ Hand - Gloves
☐ Gloves	☐ Gloves
☐ Gloves	☐ Gloves
☐ Foot - Safety Boots	☐ Foot - Safety Boots
☐ Outer Boots Boot covers	☐ Outer Boots
☐ Boots (Other) _____	☐ Boots (Other) _____
☐ Half Face	☐ SAR - Airline
☐ Cart./Canister	☐ SCBA
☐ Full Face	☐ Comb. Airline/SCBA
☐ Cart./Canister ?	☐ Cascade System
☐ PAPR	☐ Compressor
☐ Cart./Canister	☐ Fall Protection
☐ Type C	☐ Flotation
☐ Fall Protection	☐ Other
☐ Flotation	
☐ Other	

4. MONITORING PROGRAM

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.1 Air Monitoring Instruments

Instrument Selection and Initial Check Record

Reporting Format: ☒ Field Notebook ☒ Field Data Sheets* ☐ Air Monitoring Log ☐ Trip Report ☐ Other

Instrument	Task No.(s)	Number Required	Number Received	Checked Upon Receipt	Comment	Initials
☐ CGI				☐		
☐ O_2				☐		
☐ CGI/O_2				☐		
☐ CGI/O_2/tox-PPM, H_2S,H_2S/CO				☐		
☐ RAD				☐		
☐ GM (Pancake)				☐		
☐ NaI (Micro R)				☐		
☐ ZnS (Alpha Scintillator)				☐		
☐ Other _____				☐		
☐ PID				☐		
☐ *HNu* 10.2				☐		
☐ HNu 11.7				☐		
☐ Photovac, TMA				☐		
☐ OVM				☐		
☐ Other _____				☐		
☐ FID				☐		
☐ Fox 128				☐		
☐ Heath, AID, Other				☐		
☐ RAM, Mini-RAM, Other				☐		
☐ Monitox				☐		
Specify: _____				☐		
☐ Personal Sampling				☐		
Specify: _____				☐		
☐ Bio-Aerosol Monitor				☐		
☐ Pump - MSA, Dräeger, Sensidyne				☐		
☐ Tubes/type: _____				☐		
☐ Tubes/type: _____				☐		

☐ Other GMW high volume air pumps for Lead/TSP and PCBs High volume pumps for Asbestos monitoring				☐		

4.1 SITE OR PROJECT HAZARD MONITORING PROGRAM

4.1.2 Air Monitoring Instruments Calibration Record

Instrument, Mfg., Model, Equip. ID No.	Date	Time	Calib. Material	Calib. Method Mfg.'s	Other	Initial Setting and Reading	Final Setting and Reading	Calibrator's Initials

4.2 SITE AIR MONITORING PROGRAM

Action Levels

These Action Levels, if not defined by regulation, are some percent (usually 50%) of the applicable PEL/TLV/REL. That number must also be adjusted to account for instrument response factors

	Tasks	Action Level		Action
☐ **Explosive atmosphere**		Ambient Air Concentration	Confined Space Concentration	
		<10% LEL	0 to 1% LEL	Work may continue. Consider toxicity potential.
		10 to 25% LEL	1 to 10% LEL	Work may continue. Increase monitoring frequency.
		>25% LEL	>10% LEL	Work must stop. Ventilate area before returning.
☐ **Oxygen**		Ambient Air Concentration	Confined Space Concentration	
		<19.5% O_2	<19.5% O_2	Leave area. Re-enter only with self-contained breathing apparatus.
		19.5% to 25% O_2	19.5% to 23.5% O_2	Work may continue. Investigate changes from 21%.
		>25% O_2	>23.5% O_2	Work must stop. Ventilate area before returning.
☐ **Radiation**		< 3 times background		Continue work.
		3 times background to < 1 mR/hour		Radiation above background levels (normally 0.01-0.02 mR/hr) signifies possible radiation source(s) present. Continue investigation with caution. Perform thorough monitoring. Consult with a Health Physicist.
		> 1 mrem/hour		Potential radiation hazard. Evacuate site. Continue investigation only upon the advice of Health Physicist.
☐ **Organic gases and vapors**	All			
☐ **Inorganic gases, vapors, and particulates**	All			Work upwind. If visible dust cannot be controlled, stop work and reevaluate.

4.3 ACTION LEVELS

(attach calculations, benzene protocol, or modified benzene protocol as necessary)

5. HOSPITAL INFORMATION

5.1 CONTINGENCIES

5.1.1 Emergency Contacts and Phone Numbers

Agency	Contact	Phone Number
Local Medical Emergency Facility (LMF)	Elkhart General Hospital	(574) 523-3315
WESTON Medical Emergency Contact	Dr. Everett Walker - Qualisys	1-800-874-4676 Daytime After hours Emergency – Steffani Mykins - 410-507-3325
WESTON Health and Safety	Corporate Environmental Health and Safety	(610) 701-3065
WESTON Health and Safety	Ted Deecke	847-337-4147
Fire Department	Duty Officer	911
Police Department	Duty Officer	911
On-Site Coordinator- SHSC	Joseph Klemp	847-875-1418
Client Site Contact	Ken Theisen, EPA OSC	312-802-2834
Site Telephone	Jay Rauh	224-595-1617
Nearest Telephone		

Local Medical Emergency Facility(s)

Name of Hospital: Elkhart General Hospital

Address: 600 E. Blvd., Elkhart, IN — Phone No.: (574)-523-3315

Name of Contact: Emergency Room Attendant — Phone No.: (574)-523-3315

Type of Service:

- ☒ Physical trauma only
- ☐ Chemical exposure only
- ☐ Physical trauma and chemical exposure
- ☒ Available 24 hours

Route to Hospital:
(See Attached)

County Rd. 106 West to County Rd. 13 (right)

North to County Rd. 6 (left)

West to county Rd. 7 (left)
Turn RIGHT onto STRONG AVE.

Turn LEFT onto S MICHIGAN ST.

Turn RIGHT onto W LEXINGTON AVE.
Turn LEFT onto EAST BLVD.
End at **Elkhart General Healthcare Sys:**

Travel time from site:
16 minutes

Distance to hospital:
7.41 miles

Name/no. of 24-hr ambulance service:
911

Secondary or Specialty Service Provider

Name of Hospital:

Address: — Phone No.:

Name of Contact: — Phone No.:

Type of Service:	Route to Hospital (see attached):	Travel time from site:
☐ Physical trauma only ☐ Chemical exposure only ☐ Physical trauma and chemical exposure ☐ Available 24 hours		Distance to hospital: Name/no. of 24-hr ambulance service:

See reporting an incident in Attachment F.

5.1.2 Hospital Map

Directions to Mequon, WI 53097-2416

YAHOO! LOCAL Maps

Summary and Notes

START A **2286 N Green Bay Rd, Grafton, WI 53024-9641**

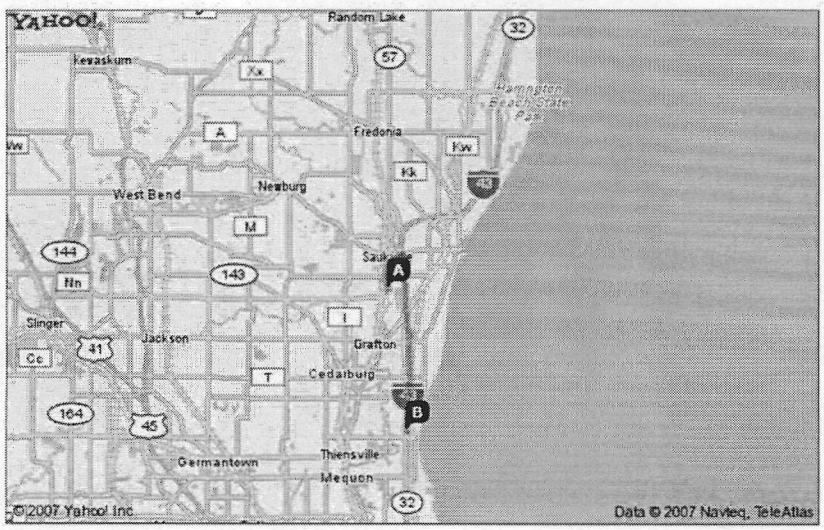
FINISH B **Columbia St Mary's Hospital (262) 243-7300**
13111 N Port Washington Rd, Mequon, WI 53097-2416

Total Distance: 11.2 miles, Total Time: 14 mins (approx.)

Add your notes here...

		Distance
A	**2286 N GREEN BAY RD, GRAFTON, WI 53024-9641**	
1.	Start at **2286 N GREEN BAY RD, GRAFTON**	go **0.6 mi**
2.	Continue on **S MAIN ST**	go **0.9 mi**
3.	Bear R on **E GREEN BAY AVE**	go **0.8 mi**
4.	Turn R onto **I-43 SOUTH** toward **MILWAUKEE**	go **7.1 mi**
5.	Take exit **#89/CR-C** onto **W PIONEER RD** toward **CEDARBURG**	go **0.3 mi**
6.	Turn L on **N PORT WASHINGTON RD**	go **1.6 mi**
7.	Arrive at **13111 N PORT WASHINGTON RD, MEQUON**, on the R	
B	**13111 N PORT WASHINGTON RD, MEQUON, WI 53097-2416**	

Distance: 11.2miles, Time: 14 mins



When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

http://xml1.maps.yahoo.com/prnt.php?v3=0&&mvt=m&gid2=16698055&q2=13111 N Po... 4/30/2007

5.1 CONTINGENCIES

5.1.3 Response Plans

Medical - General	First Aid Kit: ☒ Yes ☐ No Blood Borne Pathogens Kit: ☒ Yes ☐ No	**Type** Standard 20-man and infection control kit	**Location** In Vehicle	Special First-Aid Procedures: Cyanides on-site ☐ Yes ☒ No If yes, contact LMF. Do they have antidote kit? ☐ Yes ☐ No
Provide first aid, if trained; assess and determine need for further medical assistance. Transport or arrange for transport after appropriate decontamination.	Eyewash required ☒ Yes ☐ No Small bottle	**Type**	**Location**	**HF** on-site ☐ Yes ☐ No If yes, need neutralizing ointment for first-aid kit. Contact LMF.
	Shower required ☐ Yes ☐ No	**Type**	**Location**	

Plan for Response to Spill/Release		**Plan for Response to Fire/Explosion**		**Fire Extinguishers**
In the event of a spill or release, ensure safety, assess situation, and *perform containment* and control measures, as appropriate.	a. Cleanup per MSDSs if small; or sound alarm, call for assistance, *notify* Emergency Coordinator b. Evacuate to pre-determined safe place c. Account for personnel d. Determine if team can *respond safely* e. Mobilize per Site Spill Response Plan	In the event of a fire or explosion, ensure personal safety, assess *situation, and perform* containment and control measures, as appropriate:	a. Sound alarm and call for assistance, notify Emergency Coordinator b. Evacuate to predetermined safe place c. Account for personnel d. Use fire extinguisher only if safe and trained in its use e. Stand by to inform emergency responders of materials and conditions	Type/Location ABC/Vehicle / / / / / /

Description of Spill Response Gear	Location	Description (Other Fire Response Equipment)	Location

Plan to Respond to Security Problems

Avoid confrontation. Alert OSC. Contact 911 – if necessary.

6. DECONTAMINATION PLAN

6.1 GENERAL DECONTAMINATION PLAN

Personnel Decontamination

Consistent with the levels of protection required, step-by-step procedures for personnel decontamination for each level of protection are attached.

Levels of Protection Required for Decontamination Personnel

The levels of protection required for personnel assisting with decontamination will be:

☐ Level B ☐ Level C ☒ Level D

Modifications include:

Disposition of Decontamination Wastes

Provide a description of waste disposition including identification of storage area, hauler, and final disposal site, if applicable

All waste including paper and liquid will have a designated storage location until final disposal is determined.

Equipment Decontamination

A procedure for decontamination steps required for non-sampling equipment and heavy machinery follows:

Sampling Equipment Decontamination

Sampling equipment will be decontaminated in accordance with the following procedure:

All equipment will be decontaminated with Alconox detergent prior to any use and rinsed thoroughly with deionized water. Buckets will be provided to store all decontamination wastewater

6.2 LEVEL D DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
☐ Segregated equipment drop	
☐ Boot cover and glove wash	
☐ Boot cover and glove rinse	
☐ Tape removal - outer glove and boot	
☒ Boot cover removal	Remove and dispose of in Plastic Garbage Bag
☒ Outer glove removal	Remove and dispose of in Plastic Garbage Bag
HOTLINE	
☐ Suit/safety boot wash	
☐ Suit/boot/glove rinse	
☐ Safety boot removal	
☐ Suit removal	
☐ Inner glove wash	
☐ Inner glove rinse	
☐ Inner glove removal	
☐ Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
☐ Field wash	
☐ Redress	

Disposal Plan, End of Day:

PPE will be containerized, labeled, and left on site until final disposal.

Disposal Plan, End of Week:

Disposal Plan, End of Project:

6.3 LEVEL C DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
☐ Segregated equipment drop	
☐ Boot cover and glove wash	
☐ Boot cover and glove rinse	
☐ Tape removal - outer glove and boot	
☐ Boot cover removal	
☐ Outer glove removal	
HOTLINE	
☐ Suit/safety boot wash	
☐ Suit/boot/glove rinse	
☐ Safety boot removal	
☐ Suit removal	
☐ Inner glove wash	
☐ Inner glove rinse	
☐ Facepiece removal	Rinse with alconox solution and wipe with mask cleaner.
☐ Inner glove removal	
☐ Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
☐ Field wash	
☐ Redress	

Disposal Plan, End of Day:

PPE will be containerized, labeled, and left on site until final disposal.

Disposal Plan, End of Week:

Disposal Plan, End of Project:

6.4 LEVEL B DECONTAMINATION PLAN

Check indicated functions or add steps, as necessary:

Function	Description of Process, Solution, and Container
☐ Segregated equipment drop	
☐ Boot cover and glove wash	
☐ Boot cover and glove rinse	
☐ Tape removal - outer glove and boot	
☐ Boot cover removal	
☐ Outer glove removal	
HOTLINE	
☐ Suit/safety boot wash	
☐ Suit/SCBA/boot/glove rinse	
☐ Safety boot removal	
☐ Remove SCBA backpack without disconnecting	
☐ Splash suit removal	
☐ Inner glove wash	
☐ Inner glove rinse	
☐ SCBA disconnect and facepiece removal	
☐ Inner glove removal	
☐ Inner clothing removal	
CONTAMINATION REDUCTION ZONE (CRZ)/SAFE ZONE BOUNDARY	
☐ Field wash	
☐ Redress	

Disposal Plan, End of Day:

Disposal Plan, End of Week:

Disposal Plan, End of Project:

7. TRAINING AND BRIEFING TOPICS/SIGN OFF SHEET

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

☒ Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 I	☐ Level A
☒ Physical hazards, HASP Form 07	☐ Level B
☐ Chemical hazards, HASP Form 04	☐ Level C
☐ Animal bites, stings, and poisonous plants	☒ Level D
☐ Etiologic (infectious) agents	☒ Monitoring, 29 CFR 1910.120 (h)
☒ Site control, 29 CFR 1910.120 d	☐ Decontamination, 29 CFR 1910.120 (k)
☒ Engineering controls and work practices, 29 CFR 1910.120 (g)	☒ Emergency response, 29 CFR 1910.120 (l)
☐ Heavy machinery	☐ Elements of an emergency response, 29 CFR 1910.120 (l)
☐ Forklift	☐ Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
☐ Backhoe	☐ Off-site emergency response, 29 CFR 1910.120 (l)
☐ Equipment	☐ Handling drums and containers, 29 CFR 1910.120 (j)
☐ Tools	☐ Opening drums and containers
☐ Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	☐ Electrical material handling equipment
☐ Overhead and underground utilities	☐ Radioactive waste
☐ Scaffolds	☐ Shock-sensitive waste
☐ Structural integrity	☐ Laboratory waste packs
☐ Unguarded openings - wall, floor, ceilings	☐ Sampling drums and containers
☐ Pressurized air cylinders	☐ Shipping and transport, 49 CFR 172.101, IATA
☐ Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	☐ Tank and vault procedures
☐ Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	☐ Illumination, 29 CFR 1910.120 (m)
☐ Working over water FLD-19	☐ Sanitation, 29 CFR 1910.120 (n)
☐ Boating safety FLD-18	☐
☐	☐
☐	☐

7.2 HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

Site Name: Lane St. Groundwater	WO#: 20405.012.002.0279.00
Address: Lane St., Elkhart, IN	

I understand, agree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and discussed in the personnel health and safety briefing(s).

Name	Signature	Date
Joseph Klemz		9/5/07
Jay Rauch		9/5/07

7.1 TRAINING AND BRIEFING TOPICS

The following items will be covered at the site-specific training meeting, daily or periodically.

☒ Site characterization and analysis, Sec. 3.0, 29 CFR 1910.120 l	☐ Level A
☒ Physical hazards, HASP Form 07	☐ Level B
☐ Chemical hazards, HASP Form 04	☐ Level C
☐ Animal bites, stings, and poisonous plants	☒ Level D
☐ Etiologic (infectious) agents	☒ Monitoring, 29 CFR 1910.120 (h)
☒ Site control, 29 CFR 1910.120 d	☐ Decontamination, 29 CFR 1910.120 (k)
☒ Engineering controls and work practices, 29 CFR 1910.120 (g)	☒ Emergency response, 29 CFR 1910.120 (l)
☐ Heavy machinery	☐ Elements of an emergency response, 29 CFR 1910.120 (l)
☐ Forklift	☐ Procedures for handling site emergency incidents, 29 CFR 1910.120 (l)
☐ Backhoe	☐ Off-site emergency response, 29 CFR 1910.120 (l)
☐ Equipment	☐ Handling drums and containers, 29 CFR 1910.120 (j)
☐ Tools	☐ Opening drums and containers
☐ Ladder, 29 CFR 1910.27 (d)/29 CFR 1926	☐ Electrical material handling equipment
☐ Overhead and underground utilities	☐ Radioactive waste
☐ Scaffolds	☐ Shock-sensitive waste
☐ Structural integrity	☐ Laboratory waste packs
☐ Unguarded openings - wall, floor, ceilings	☐ Sampling drums and containers
☐ Pressurized air cylinders	☐ Shipping and transport, 49 CFR 172.101, IATA
☐ Personal protective equipment, 29 CFR 1910.120 (g); 29 CFR 1910.134	☐ Tank and vault procedures
☐ Respiratory protection, 29 CFR 1910.120 (g); ANSI Z88.2	☐ Illumination, 29 CFR 1910.120 (m)
☐ Working over water FLD-19	☐ Sanitation, 29 CFR 1910.120 (n)
☐ Boating safety FLD-18	☐
☐	☐
☐	☐

HEALTH AND SAFETY PLAN APPROVAL/SIGNOFF FORM

Groundwater	WO#: 20405.012.002.0279.00
, Elkhart, IN	

ree to, and will conform with the information set forth in this Health and Safety Plan (and attachments) and e personnel health and safety briefing(s).

Name	Signature	Date
Tonja Bradley		6/16/08

ATTACHMENT A
CHEMICAL CONTAMINANTS DATA SHEETS

(Attach NIOSH)

ATTACHMENT B
MATERIAL SAFETY DATA SHEETS

(Attach MSDSs)

ATTACHMENT C
(FLD OPS)

SAFETY PROCEDURES/FIELD OPERATING PROCEDURES

ATTACHMENT D
HAZARD COMMUNICATION PROGRAM

SITE-SPECIFIC HAZARD COMMUNICATION PROGRAM

Location-Specific Hazard Communication Program/Checklist

To ensure an understanding of and compliance with the Hazard Communication Standard, WESTON will use this checklist/document (or similar document) in conjunction with the WESTON Written Hazard Communication Program as a means of meeting site- or location-specific requirements.

While responsibility for activities within this document reference the WESTON Safety Officer (SO), it is the responsibility of all personnel to effect compliance. Responsibilities under various conditions can be found within the WESTON Written Hazard Communication Program.

To ensure that information about the dangers of all hazardous chemicals used by WESTON are known by all affected employees, the following Hazard Communication Program has been established. All affected personnel will participate in the Hazard Communication Program. This written program, as well as WESTON's Corporate Hazard Communication Program, will be available for review by any employee, employee representative, representative of OSHA, NIOSH, or any affected employer/employee on a multi-employer site.

☐ Site or other location name/address: Lane St. Groundwater Contamination

☐ Site/Project/Location Manager: Jay Rauh

☐ Site/Location Safety Officer: Joseph Klemp

☐ *List of chemicals compiled, format:* ☒ HASP ☐ *Other:* _____

☐ Location of MSDS files: HASP

☐ Training conducted by: Name: HASP Date: 9/05/07

☐ Indicate format of training documentation: ☒ Field Log: ☐ Other: _____

☐ Client briefing conducted regarding hazard communication: N/A

☐ If multi-employer site (client, subcontractor, agency, etc.), indicate name of affected companies:

_____

☐ Other employer(s) notified of chemicals, labeling, and MSDS information: _____

☐ Has WESTON been notified of other employer's or client's hazard communication program(s), as necessary? ☒ Yes ☐ No

List of Hazardous Chemicals

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or placed in a centrally identified location with the MSDSs. Further information on each chemical may be obtained by reviewing the appropriate MSDS. The list will be arranged to enable cross-reference with the MSDS file and the label on the container. The SO or Location Manager is responsible for ensuring the chemical listing remains up-to-date.

Container Labeling

The WESTON SO will verify that all containers received from the chemical manufacturer, importer, or distributor for use on-site are clearly labeled.

The SO is responsible for ensuring that labels are placed where required and for comparing MSDSs and other information with label information to ensure correctness.

Material Safety Data Sheets (MSDSs)

The SO is responsible for establishing and monitoring WESTON's MSDS program for the location. The SO will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is passed on to the affected employees. If an MSDS is not received at the time of initial shipment, the SO will call the manufacturer and have an MSDS delivered for that product in accordance with the requirements of WESTON's Written Hazard Communication Program.

A log for, and copies of, MSDSs for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers. MSDSs will be readily available to all employees during each work shift. If an MSDS is not available, immediately contact the WESTON SO or the designated alternate. When a revised MSDS is received, the SO will immediately replace the old MSDS.

Employee Training and Information

The SO is responsible for the WESTON site-specific personnel training program. The SO will ensure that all program elements specified below are supplied to all affected employees.

At the time of initial assignment for employees to the work site, or whenever a new hazard is introduced into the work area, employees will attend a health and safety meeting or briefing that includes the information indicated below.

- Hazardous chemicals present at the work site.
- Physical and health risks of the hazardous chemicals.
- The signs and symptoms of overexposure.
- Procedures to follow if employees are overexposed to hazardous chemicals.
- Location of the MSDS file and Written Hazard Communication Program.
- How to determine the presence or release of hazardous chemicals in the employee's work area.
- How to read labels and review MSDSs to obtain hazard information.
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals.
- How to reduce or prevent exposure to hazardous chemicals through the use of controls procedures, work practices, and personal protective equipment.
- Hazardous, nonroutine tasks to be performed (if any).
- Chemicals within unlabeled piping (if any).

Hazardous Nonroutine Tasks

When employees are required to perform hazardous nonroutine tasks, the affected employee(s) will be given information by the SO about the hazardous chemicals he or she may use during such activity. This information will include specific chemical hazards, protective and safety measures the employee can use, and steps WESTON is using to reduce the hazards. These steps include, but are not limited to, ventilation, respirators, presence of another employee, and emergency procedures.

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes. Prior to starting work in these areas, the employee will contact the SO, at which time information as to the chemical(s) in the pipes, potential hazards of the chemicals or the process involved, and the safety precautions that should be taken will be determined and presented.

Multi-Employer Work Sites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed, along with suggested safety precautions. It is also the responsibility of the SO and the Site Manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed. WESTON's chemical listing will be made available to other employers, as requested. MSDSs will be available for viewing, as necessary.

The location, format, and/or procedures for accessing MSDS information must be relayed to affected employees.

ATTACHMENT E
AIR SAMPLING DATA SHEETS

SITE AIR MONITORING PROGRAM

Field Data Sheets

Location:

% LEL	% O_2	PID (units)	FID (units)	Aerosol Monitor (mg/m^3)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

Location:

% LEL	% O_2	PID (units)	FID (units)	Aerosol Monitor (mg/m^3)	GM: Shield Probe/ Thin Window		NaI (uR/hr)	ZnS (cpm)
					mR/hr	cpm		
Monitox (ppm)				Detector Tube(s)				
Sound Levels (dBA)		Illumination	pH	Other	Other	Other	Other	Other

AIR MONITORING/SAMPLING DATA LOG

Client:	**W.O. No.:**	**Sample No.:**
Address:	**Sampled By:**	**Date:**

Employee and Location Information

Employee Name:	**Employee No.:**	**Job Title:**

Respirator ☐ APR ☐ ½ Mask ☐ Full Face ☐ PAPR ☐ ½ Mask ☐ Full Face ☐ Hood ☐ SAR ☐ ½ Mask ☐ Full Face ☐ Hood ☐ SCBA	***Manufacturer:***	***Cartridge Type:***

PPE: ☐ Hard Hat ☐ HPD ☐ Gloves ☐ Safety Shoes ☐ Coveralls ☐ Other:

Sampling Data

Sampling Type: ☐ Personal ☐ TWA ☐ STEL ☐ Area ☐ Source ☐ Full Shift ☐ Partial Shift ☐ Grab	**Media:**	**Pump Type/Serial No.:** /
Calibrator/Serial No.: /	**Pre-Calibration:** 1. 2. 3. **avg-pre:**	**Post-Calibration:** 1. 2. 3. **avg-post:**

Start Time:	***Restart Time:***	***Restart Time:***	***Avg. Flowrate:***	***% Change:***
1st Stop Time:	**2nd Stop Time:**	**3rd Stop Time:**	**Total Time:**	**Volume:**

Multiple Samples for this TWA: ☐ Yes ☐ No	**Multiple Chemical Exposures:** ☐ Yes ☐ No	**Exposure Time:** ☐ Normal ☐ Worst Case

Sampling Conditions

Weather Conditions: Temp: R.H: B.P.: Other:

Engineering Controls:

Substances Evaluated

Substance	Result	Substance	Result	Substance	Result

Observations and Comments

QA by: **Date:**

ATTACHMENT F
INCIDENT REPORTING

CLICK HERE FOR LATEST NOI FORM

Questions can be directed to: Susan Hipp-Ludwick, 610.701.3046

Matt Dillon, 610.701.7413

ATTACHMENT G
AHA CHECKLIST AND ENV. COMPLIANCE

HAZARD CHECKLIST Site Manager/EHS Officer:
Date:
Location:
Address:

Task Team (name or reference via daily sign-in sheet)

HAZARDS IDENTIFIED (check those applicable)

	Chemical		Biological		Physical		Aerial lifts		Remote Areas
☐	Flammable/combustible	☒	Insects	☐	Noise	☐	Man. Material Handling	☐	Materials handling
☐	Corrosive	☒	Animals	☐	Heat	☐	Demolition	☐	High Pressure Washers
☐	Oxidizer	☐	Plants	☐	Cold	☐	Excavation	☐	Hand and Power Tools
☐	Reactive	☐	Mold/Fungus	☒	Inclement Weather	☐	Pile Driving	☐	Low Illumination
☐	Toxic	☐	Viral/Bacterial	☐	Hot Work	☐	Welding/Cutting/Burn	☐	Drilling & Boring
☒	Inhalation	☐	Density Gauges	☐	Confined Spaces	☐	Hot Surfaces	☐	Striking against/Struck-by
☒	Eyes/Skin	☐	Radiological	☐	Stored hazardous Energy	☐	Hot Materials	☐	Caught-in/Caught between
☐	Pesticides	☐	Ultra-Violet	☐	Elevation	☐	Rough Terrain	☐	Pushing/pulling
☐	Carcinogen	☒	Sunlight	☐	Utilities	☐	Compressed Gases	☒	Falls at same level
☐	Asbestos	☐	Infrared	☐	Machinery	☐	Hazardous Mat. Storage	☐	Falls from elevation
☐	Lead	☐	Lasers	☐	Mobile equipment	☐	Diving	☐	Repetitive motion
☐	UXO/OE/ CWM	☐	XRF	☐	Cranes	☐	Operation of Boats	☐	High (>110v) Electricity
☐	Process Safety	☐	Isotopes	☐	Manual Material Handling	☐	Working Over Water	☐	Slippery surface Ice/Snow
☐	Applying Paint/Coatings	☐		☐	Ladders	☐	Traffic	☐	
☐		☐		☐	Scaffolding	☐	Site Security	☐	

REQUIRED PROTECTION (check those applicable)

	Engineering Controls		Administrative Control		PPE				Contingency
☐	Guard Rails	☒	Qualified for task	☐	Air Supplying Respirator	☐	Tyvek coveralls	☐	Emergency Signal Known
☐	Machine Guards	☒	Trained/Certified	☐	Air Purifying Respirator	☐	Coated Coveralls	☐	Eye wash/shower Location
☐	Sound Barriers	☐	Hot Work Permit	☐	SCBA	☐	Welding leathers	☒	First Aid Kit Location
☐	Enclosure	☐	CSE Permit	☐	Hard Hat	☐	CWM	☒	Fire Extinguisher Location
☐	Elevation	☐	Lockout/Tag Out	☐	Ear Plugs	☒	Safety Shoes/Boots	☐	Spill Kit Location
☐	Isolation	☐	Work Permit	☐	Ear Muffs	☐	Rubber Boots	☐	Severe weather shelter
☐	GFCI	☐	Dig Safe Permit	☒	Safety Glasses	☐	Gloves	☐	Evacuation Routes
☐	Assured Ground Program	☐	Contingency Plan	☐	Goggles	☐	Cooling Suits		
☐	Apply Anti-slip/skid Mat	☐	Critical Lift Plans	☐	Chemical Goggles	☐	Ice Vests		
		☐	Equip. Inspection Sheets	☐	Face Shield	☐	Radiant heat Suits		
				☐	Thermal Shield	☐	Fall Arrest		
				☐	Welding Mask	☐	PFD		
				☐	Cutting Glasses	☐	Electrical insulation		

Any Modification to Tasks (list)	Other tasks or activities that may affect my activity	Reasons for any changes indicated above

Environmental Compliance Considerations:

☐	Generation of Hazardous Waste*	☐	→Waste Identification & Manifesting - Marking, Placarding, Labeling
☐	Generation of Investigation Derived Waste*	☐	→Training & Licensing for Use of Radioactive Materials/Sources
☐	Treatment, Storage, or Disposal of Hazardous Waste*	☐	→ Containers: dated, labeled, closed, full, stored less than 90 days
☐	Contingency to prevent or contain hazardous materials or oil spills or discharges to drains, body of water, soil*	☐	→ Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity, flammables, solvents or explosives
☐	Disturbing of Asbestos Containing Materials (ACM)*	☐	→Training & Licensing for Asbestos Remediation Activities
☐	Application of Pesticides or Herbicides*	☐	
☐	Work on Above or Under-ground Storage Tanks*	☐	
☐	Transportation, Storage or Disposal of Radioactive Material*	☐	
☐	Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*	☐	
☐	Excavations, Drilling, Probing or other activities that could impact underground utilities, pipelines, sewer or treatment systems.	☐	
☐	Shipment of Hazardous Waste off-site*	☐	
	Shipment of Samples in accordance with DOT/IATA		

* Indicates need for an environmental compliance plan.

ATTACHMENT H
TRAFFIC CONTROL PLAN

ATTACHMENT I
AUDIT FORMS

MANAGER'S FIELD SITE HEATLH AND SAFETY AUDIT FORM

PM name: _____ Date: _____

Client name: _____ W.O. No.: _____

Site location: _____ Site phone no.: _____

Inspection conducted by:

__ PM in person __ PM via phone (Contact Name: _____)

__ PM's designee (Designee's Name: _____)

1. Is the HASP available at the site? __yes __no Signed by all personnel? __yes __no
   (Have the cover page and site worker sign-off page faxed and attached to this form.)
2. What tasks are active? _____.
3. What special H&S considerations are necessary? (e.g., confined spaces, fall protection, construction safety, excavation evaluations, radiation, etc.) _____
   _____.

4A.List the name of the SHSC/FSO on Line (a) and any other employees working at the site on lines (b) through (i). Verify and check (✓) if field certifications are current:

Name	Weston or Sub?	Training	Medical	Fit Test
a.				
(For above, circle: SHSC or FSO)				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				

4B.For large projects, is documentation on-site for employee certifications? __yes __no __NA

5. Is emergency contact information available on-site? __yes __no
   (Have a copy faxed from the site and attached to this report.)
6. Describe the ambient temperatures during recent work shifts: _____.

7. Was the level of PPE used for each task today as required by the HASP? __yes __no

8A. What contaminant monitoring is conducted? _____.

8B. How are results documented? ___Logbook ___Forms ___other (describe): _____.
(Have the most recent results and calibration information faxed and attached to this form.)

9. What other monitoring is done? (e.g., heat stress, cold, noise, etc.) _____.

10. How are work zones marked and/or designated? _____.

11. Are personnel and equipment decon performed as required by the HASP? __yes __no

12. Are first aid and CPR services provided as required by the HASP? __yes __no

13. When were first aid kits, BBP kits, and fire extinguishers last inspected? _____.
(Have documentation faxed and attached to this form.)

14. Was site-specific hazard communication completed and properly documented?__yes ___no
(Have checklist in HASP Attachment D faxed and attached to this form.)

15. When was the last safety briefing conducted? _____. List topic(s) discussed:
_____.
(Have minutes/sign-up sheet faxed and attached to this form.)

16. Explain any negative findings below: _____
_____
_____
_____
_____
_____
_____
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_____
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_____
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_____
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_____
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_____

PM Signature/Date: _____

HEALTH AND SAFETY FIELD AUDIT

Legend X = Yes, O = No

SITE NAME:_____

WO #:_____

LOCATION:_____

INSPECTOR:_____

DATE:_____

CERTIFICATION OF PERSONNEL:

1._____All WESTON personnel on site are currently active on certification list?
2._____Site Safety Officer and Site Supervisor are qualified?

MEDICAL AND FIRST AID:

1._____First Aid Kits accessible and identified?
2._____Emergency eye/safety washes available?
3._____Daily First Aid logs up to date?
4._____First Aid Kits inspected weekly?
5._____At least two First Aid trained persons on site at all times when working?

SITE SAFETY/EMERGENCY PLANS:

1._____Safety plan posted on site and given to each person?
2._____Initial site safety plan meeting held and documented before work begins?
3._____Hazardous materials information available for all hazards?
4._____Designated, qualified site health and safety coordinator on site?
5._____Employees trained in toxicology/exposure risks?
6._____Emergency telephone numbers posted?
7._____Emergency routes designated?
8._____Emergency plan and signal reviewed with all persons?

TRAINING:

1._____Daily safety meetings documented?
2._____Question and answer time available to all site personnel?
3._____All employees instructed in hazardous materials handling practices?
4._____ New personnel to site receive: copy of safety plan_____, site orientation_____, Review of: LOP_____, DECON____, ZONES_____, Site specific safety and health hazards?____

HEALTH AND SAFETY FIELD AUDIT - Continued

Legend X = Yes, O = No

PERSONAL PROTECTION:

1._____All equipment meets ANSI/OSHA/EPA criteria?
2._____Levels of protection (LOP) established?
3._____Site control zones (Exclusion, CRZ, Support) clearly designated?
4._____All employees know their LOP scheme?
5._____OSHA respirator program in place?
6._____Employees fit tested for respirators?
_____ On site?
_____ Fit tests current?
7._____Defective equipment tagged out?
8._____Breathing air grade "D" certified?
9._____Sufficient quantities of equipment?
10.____Safety instrumentation maintained and calibrated?
_____ Maint. & Cal. logs up to date?

DECONTAMINATION:

1._____Decon system set up on site?
_____ Used?
_____ According to safety plan?
2._____Contamination reduction corridor clearly delineated within the CRZ?
3._____Appropriate waste recepticals available for all waste?
4._____Recepticals properly closed at end of day?
5._____All Decon liquids properly contained and disposed of?
6._____All wastes disposed of according to approved plan?
7._____All personnel received Decon training?
8._____All reusable personal protective gear deconned and disinfected at least daily?

FIRE PREVENTION/PROTECTION:

1._____Hot work permits required?
2._____Smoking restricted to designated area?
3._____Fire lanes established, clearly designated & maintained?
4._____Flammable/combustible liquid dispensing transfer systems grounded & bonded?
5._____Proper flammable materials storage?
6._____Fire alarm established, workers aware?
7._____Location and use of fire extinguisher known by all personnel?
8._____Fire extinguishers checked before each shift?
_____ Inspected monthly?
9._____Fire extinguisher appropriate for fire hazard potential?
10.____Combustible materials segregated from ignition sources?

HEALTH AND SAFETY FIELD AUDIT - Continued

Legend X = Yes, O = No

WALKING AND WORKING SURFACES:

1._____Accessways, stairs, ramps and ladders free of ice, mud, snow or debris?
2._____Ladders exceed max length?
3._____Ladders used in passageways, doors or driveways?
4._____Broken or damaged ladders tagged out?
5._____Metal ladders prohibited in electrical service?
6._____Safety feet on straight and extension ladders?
7._____Stairways, floor and wall openings guarded?
8._____Elevated work areas guardrailed or safety chained?
9._____Flotation devices worn when working on or over water?
10.____Toe boards on overhead work surfaces?
11.____Mobile offices/labs have fixed stairs and handrails?
12.____Work areas kept free of debris and equipment?

EXCAVATIONS, CONFINED SPACES, TUNNELS:

1._____Excavations sloped, shored or benched to prevent cave-ins?
2._____Shoring approved by engineer?
3._____Guardrails or fences placed around excavations near walkways or roads?
4._____Excavation locations lighted/or otherwise made visible at night?
5._____Utility check performed and documented before excavation or drilling?
6._____Ladders available in trenches more than 4 feet deep and at a minimum, 25' intervals along a fence?
7._____All excavated material, personnel, heavy equipment is at least 24" from the edge of all trenches?
8._____Confined space entry permit procedure in place and communicated to all?
9._____Employee training includes CSE hazards?
10.____Tunnels are adequately ventilated?
11.____There is proper lighting?
12.____Tunnel tested for: % O_2?
_____LEL, flammable gases, vapors?
_____TOX?
13.____Communication available inside to out?
14.____No flammables or combustibles in tunnel?
15.____CSE procedures used for Tunnels?
16.____CSE procedure checklist:
- _____ Safety watch?
- _____ Safety watch protected same as enterers?
- _____ Safety line?
- _____ Appropriate harness?
- _____ Continuous monitoring for % O_2, % LEL & TOX?

HEALTH AND SAFETY FIELD AUDIT - Continued

Legend X = Yes, O = No

EXCAVATIONS, CONFINED SPACES, TUNNELS (continued):

_____ Level B or constant ventilation and monitoring?
_____ Instruments calibrated?
_____ Maintain and inspect log for all equipment?

17.____Confined space isolated from electrical/mechanical activation by following lock out/tag out proceedings?
_____ Confined space isolated from any raw materials/chemical lines by disconnecting or blanking these lines?

MOTOR VEHICLES/HEAVY EQUIPMENT:

1._____Inspected before each use?
2._____Operators licensed for equipment used?
3._____Unsafe equipment tagged out and reported?
4._____All safety appliances/guards in place?
5._____Shut down for fueling?
6._____Equipped with back-up alarms or spotter used if 360° visibility restricted?
7._____Loads are secure before transport?
8._____Roads and structures inspected for load capacity per vehicle weights?
9._____Riders prohibited on heavy equipment?

SLINGS AND CHAINS:

1._____ Slings, chains and rigging rated for intended use and inspected per OSHA. Documentation of inspection in daily log?
2._____Damaged slings, chains or rigging tagged out and reported?
3._____Employees are instructed and keep clear of suspended loads?

ELECTRICAL:

1._____ Warning signs indicate the presence and location of high voltage equipment, 250 V or greater present and location?
2._____Electrical equipment and wiring properly guarded?
3._____Electrical lines, extension cords and cables guarded and properly maintained?
4._____Extension cords kept dry out of puddles and rain?
5._____Damaged equipment tagged out?
6._____Underground electrical lines located and indicated?
7._____ Overhead electrical lines de-energized or elevated work platforms, work areas, booms or ladders erected so no contact can occur with electrical lines?
8._____ A positive electrical lock-out system is used whenever work is done on or in electric equipment or electrically activated equipment?

HEALTH AND SAFETY FIELD AUDIT - Continued

Legend X = Yes, O = No

HAND AND POWER TOOLS:

1._____Guards and safety devices in place and used?
2._____Inspected before each use?
3._____Tagged out if defective?
4._____Eye protection areas identified and protection worn?
5._____Non sparking tools available?

WELDING AND CUTTING:

1._____Fire extinguishers present at all welding and cutting operations?
2._____Confined spaces, tanks, pipelines tested before welding or cutting?
3._____Hot work permitting system in use?
4._____Proper helmets and shields (including proper tint for UV protection) used?
5._____Properly grounded?
6._____Fuel gas and O_2 gas cylinders stored at least 20' apart?
_____ Stored upright and secured?
7._____Only trained welders permitted?

COMPRESSED GAS CYLINDERS/PRESSURIZED LINES:

1._____Breathing air cylinders charged only to prescribed pressure?
2._____No other gas system can be mistaken for breathing air?
_____ Fittings prohibit cross connection?
3._____Cylinders segregated appropriately in controlled, protected but well ventilated areas?
4._____Smoking prohibited in storage areas?
5._____Cylinders stored upright and secured?
6._____Cylinder caps in place when stored (not in use) or when cylinders moved?
7._____Fuel gas and O_2 minimum 20' apart when stored?
8._____Pressurized air or waterlines are securely connected?
9._____All site personnel know never to step across a pressurized line?
10._____Gas or other hazardous lines are labelled appropriately?

MISCELLANEOUS:

1._____ Tools and other equipment (portable) are stored away from walkways, roads or driveways where they cannot fall on or be fallen over by site personnel?
2._____Overhead hazards are noted, communicated to all and labeled as needed?
3._____Hard hat, eye hearing and protection areas are defined and signs in place?
4._____Hard hats, eye and head protection used where appropriate?
5._____Signs or labels are in place or appropriate training received?

HEALTH AND SAFETY FIELD AUDIT - Continued

Legend X = Yes, O = No

6._____Copies of contracts with client and sub-contractors are on-site, WESTON's role regarding site health and safety responsibilities clear in these and in the minds of the site manager(s)?

7._____Sub-contractors have received approved copies of their safety plan or have signified their intent to conform with Weston's safety plan?

8._____Site managers understand their responsibilities for sub-contractors' conformance with all OSHA and other health and safety requirements?

9._____Site managers know what to do in the event of an OSHA inspection?

COMMENTS:

MAPQUEST

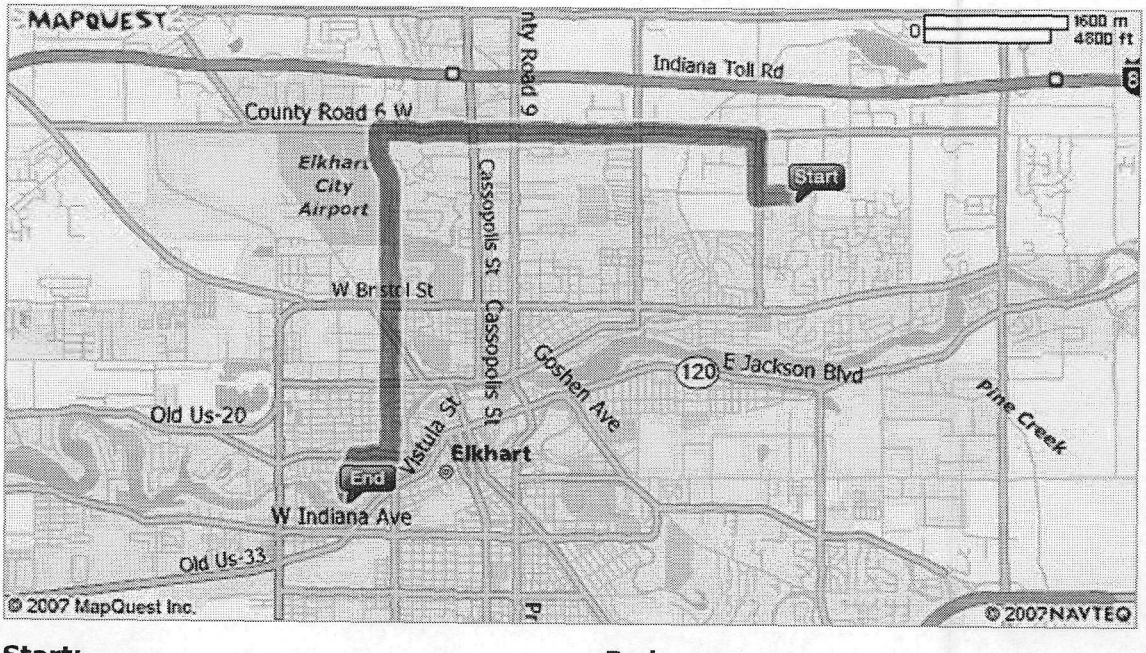
Start: **Lane St & County Road 106**
Elkhart, IN 46514, US

End: **Elkhart General Healthcare Sys:** 574-294-2621
600 East Blvd, Elkhart, IN 46514, US

Notes:
Only text visible within note field will print.

Directions		Distance
Total Est. Time: 16 minutes	**Total Est. Distance:** 7.41 miles	
START	**1:** Start out going WEST on COUNTY ROAD 106 toward ADA DR.	0.3 miles
	2: Turn RIGHT onto COUNTY ROAD 13 / JEANWOOD DR.	0.4 miles
	3: Turn LEFT onto COUNTY ROAD 6 / HEATON LAKE RD. Continue to follow HEATON LAKE RD.	2.3 miles
	4: HEATON LAKE RD becomes COUNTY ROAD 6 E.	0.4 miles
	5: COUNTY ROAD 6 E becomes COUNTY ROAD 6 / COUNTY ROAD 6 W.	0.3 miles
	6: Turn LEFT onto COUNTY ROAD 7.	1.5 miles
	7: COUNTY ROAD 7 becomes N MICHIGAN ST.	1.1 miles
	8: Turn RIGHT onto STRONG AVE.	<0.1 miles
	9: Turn LEFT onto S MICHIGAN ST.	0.1 miles
	10: Turn RIGHT onto W LEXINGTON AVE.	0.1 miles
	11: Turn SLIGHT LEFT to stay on W LEXINGTON AVE.	0.1 miles
	12: Turn LEFT onto EAST BLVD.	0.3 miles
END	**13:** End at **Elkhart General Healthcare Sys:** 600 East Blvd, Elkhart, IN 46514, US	

Total Est. Time: 16 minutes **Total Est. Distance:** 7.41 miles



Start:
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